

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/07/2020 09:16
Date Of Accident	06/07/2020 08:10
Exact Location Of Accident	CLEMENTI ROAD TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA845G
Insured/Policyholder	
Name Of Registered Owner	HU WEN
NRIC No	SXXXX944H
Email Address	HUWENSG71@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97402219
Alternative Phone No	OFFICE-97402219

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS/00755154
Cover Note Number	

Driver

Name of Driver	HU WEN
NRIC No	SXXXX944H
Date Of Birth	15/04/1971
Occupation	INDOOR
Date Of Driving Pass	11/05/2006
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97402219
Fax Number	
Contact Number	OFFICE-97402219
EEmail Address	HUWENSG71@GMAIL.COM

Address	130A HILLVIEW AVENUE #08-03
Postcode	669609
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN AND POLICE REPORT NO. T/20200706/2088 FOR ACCIDENT DETAILS.

Attachment(s)

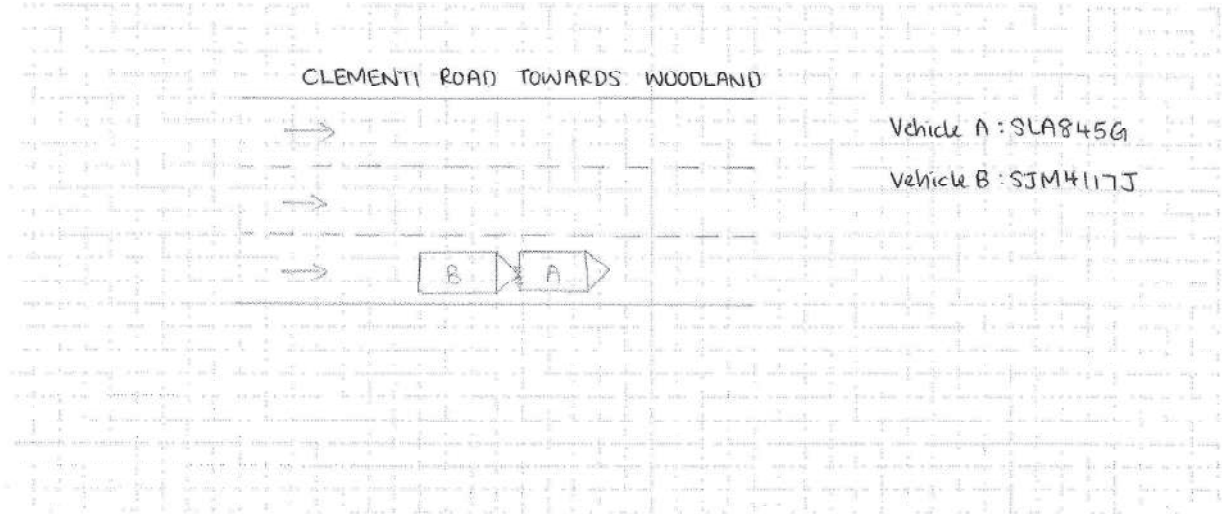
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM4117J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAPIEE BIN KARMAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6 July 2020, about 0810 am, when I was driving along the Clementi Road towards Woodland, near SIM, the front vehicle made an unexpected stop, I immediately follow stopped my car. I felt my car got heavy impact from behind, get down to check, found one car (SJM4117J) head collided with my car rear part my car rear part was damaged.

The onsite accident photo was taken, and document was exchanged each other.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 6/7/2020
1338hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

Date & Time:

6/7/2020
1330hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE
POLICE FORCE



T/20200706/2088

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20200706/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 19:25		Vide Report No.:		Station Diary No.: 78	
Informant's Particulars					
Name of Informant: HU WEN		Address: 130A HILLVIEW AVENUE #08-03 SINGAPORE 669609			
ID Type / ID No.: NRIC NO / S7160944H		Contact No.: Home/Office: 6897 0287 Mobile: 9740 2219			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 49	Date of Birth: 15/04/1971	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: CHEMICAL INDUSTRIAL OPERATOR		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/07/2020 08:10	Type of Location:
Location: Along Road 1 CLEMENTI ROAD towards Woodlands				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1516Y	Car					0
SJM4117J	Car					0
SLA845G	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20200706/2088

Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20200706/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA845G	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD	MS/00755154	22/02/2020	21/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HU WEN	ID No.	S7160944H
Related Vehicle	SLA845G (Car)	Contact No.	6897 0287
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/07/2020	Date Discharge	06/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06-07-2020 at about 8:10 am, I was the driver of SI A 845 G, travelling along Clementi Road towards Woodlands, at lane one. The front vehicle, later established to be SHA 1516 Y, was stopping, and thus, I followed suit - the front vehicles seemed to stop and I do not know why. However, the rear vehicle, later established to be SJM 4117 J, did not stop in time - the vehicle collided onto my rear portion of the vehicle, causing damages to my rear bumper, and the boot cannot close properly. Also, the rear left portion of the bumper, popped-out badly. We then came out from our respective vehicles, but the front vehicle drove away as it was not involved in the accident. I spoke to the rear driver, and eventually, we exchanged particulars, and went on our ways.

On the same day, in the later day, I felt pain on my rear neck - I then went to Ng Teng Fong General Hospital, for medical assessment - I was given three days of medical leave by the doctor, for my injury.



SINGAPORE
POLICE FORCE



T/20200706/2088

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Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20200706/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

SINGAPORE

Signature Of Officer Recording The Report:

J/ Sr Staff Sgt MUHAMMAD ISA BIN SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIFU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

06/07/2020 19:25

Classification Of Case:

Authentication Stamp

NP168